

## Electronic Patent Application Fee Transmittal

|  |   |                 |               |                             |
|--|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                     | 09616472  |                 |               |                             |
| <b>Filing Date:</b>                            | 14-Jul-2000   |                 |               |                             |
| <b>Title of Invention:</b>                     | SYSTEM, APPARATUS, AND METHODS FOR DEVELOPING AND DELIVERING HEALTH INFORMATION |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b>    | Whitney Durand  |                 |               |                             |
| <b>Filer:</b>                                  | GERALD R. PRETTYMAN   |                 |               |                             |
| <b>Attorney Docket Number:</b>                 | PA4507US  |                 |               |                             |
| Filed as Small Entity                          |   |                 |               |                             |
| <b>Utility under 35 USC 111(a) Filing Fees</b> |   |                 |               |                             |
| <b>Description</b>                             | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                           |   |                 |               |                             |
| <b>Pages:</b>                                  |   |                 |               |                             |
| <b>Claims:</b>                                 |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                   |   |                 |               |                             |
| <b>Petition:</b>                               |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>        |   |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>       |   |                 |               |                             |
| <b>Extension-of-Time:</b>                      |   |                 |               |                             |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Miscellaneous:                    |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| Total in USD (\$)                 |          |          |        | 405                  |